

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER

6635

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
Hall, Render, Killian, Heath & Lyman, P.C. Political Action Committee, LLC2. Acronym or abbreviated name, if any
HRKHL C-PAC3. Committee telephone number
(317) 633-48844. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
500 N. MERIDIAN STREET, SUITE 4005. City, state, ZIP code
INDIANAPOLIS IN 46204

6. Party affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)

8. Party affiliation or if independent

9. Office sought (include district number, if any. **Not required for exploratory committee.**)

10. County of residence

TYPE OF REPORT**CONVENTION CANDIDATES ONLY**11.
PreElect

12. Check one:

☐ Pre-Convention☐ Post-Convention12. Reporting period:
From: 04/09/2016 Through: 10/14/2016COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

108.00

14. Cash on hand and investments January 1, current year.

0.00

CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

8,000.00

8,144.00

15b. Unitemized

0.00

0.00

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

8,000.00

8,144.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

8,108.00

8,144.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

8,072.00

8,108.00

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

8,072.00

8,108.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

36.00

36.00

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Signature Included

Title

Treasurer

Date

10/17/2016

Signature of Candidate (if applicable)

Signature Included

Date

10/17/2016

FOR OFFICE USE ONLY

Filed: Online

10/17/16 9:22 am

Mylan A. Eldridge

OCT 17 2016

FILED**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1 Hall, Render, Killian, Heath & Lyman, P.C. 500 N. Meridian, Suite 400 Indianapolis IN 46204	Contribution: Direct	8,000.00	8,144.00	06/15/2016 J. Ullom
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 8,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 8,000.00		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount paid** to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code: Contributions 1 Friends of Indiana Hospitals 500 N. Meridian, Suite 250 Indianapolis IN 46204		Direct Purpose: State Senate	2,000.00	2,000.00	06/16/2016
Code: Contributions 2 Friends of Indiana Hospitals 500 N. Meridian, Suite 250 Indianapolis IN 46204		Direct Purpose: State House of Representatives	2,000.00	4,000.00	06/16/2016
Code: Contributions 3 Friends of Indiana Hospitals 500 N. Meridian, Suite 250 Indianapolis IN 46204		Direct Purpose: State Senate Legislative Caucuses	2,000.00	6,000.00	06/16/2016
Code: Contributions 4 Friends of Indiana Hospitals 500 N. Meridian, Suite 250 Indianapolis IN 46204		Direct Purpose: State House of Representative Legislative Caucuses	2,000.00	8,000.00	06/16/2016
Code: Operations 5 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	48.00	04/30/2016
Code: Operations 6 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	60.00	05/31/2016
Code: Operations 7 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	72.00	06/30/2016
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 8,036.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totalled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount paid** to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code: Operations 1 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	84.00	07/30/2016
Code: Operations 2 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	96.00	08/31/2016
Code: Operations 3 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	108.00	09/30/2016
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 36.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 8,072.00		